

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

08/809340

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
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TOTAL IND.	1					
TOTAL DEP.		23				
TOTAL CLAIMS		24				

	BEST AVAILABLE COPY		BEST AVAILABLE COPY		BEST AVAILABLE COPY	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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